

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525591

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	3		/				
5	0		/				
6	0		/				
7	0		/				
8	0		/				
9	/		/				
10	0		/				
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50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	15	↙	13	↙		↙	
TOTAL CLAIMS	17	↙	15	↙		↙	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↙		↙		↙	
TOTAL CLAIMS		↙		↙		↙	